

**Quality Medical Staffing Agency, LLC  
Application Checklist**

Completed Application\_\_\_\_\_

Copy of Drivers License or State ID\_\_\_\_\_

Social Security Card (or Number)\_\_\_\_\_

CPR Card (Rn's LPN's)\_\_\_\_\_

Please scan and e-mail to [qmstaffing@yahoo.com](mailto:qmstaffing@yahoo.com) or e fax to 337 234 6901.